

# Application for New QI Agreement

**Name of Applicant**

<b>Eligibility of Applicant (Check one)</b>	Non-U.S. Financial Institution	Non-U.S. Clearing Organization	Branch of U.S. Financial Inst.	Other Explanation
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Address of Applicant**

Address Line 1  
Address Line 2  
City  
State (Province)  
Zip Code  
Country

**Country of Organization**
**Description of Business of the Applicant**

Submit on Attachment A

**Description of New Account Opening Procedures**

Submit on Attachment B

**Responsible Party Information**

First Name  
Middle Initial  
Last Name  
Title  
Telephone Number  
Fax Number  
E-mail address

**Contact Person Information**

First Name  
Middle Initial  
Last Name  
Title  
Telephone Number  
Fax Number  
E-mail address

**Type of Account Holders (Enter approximate number for each Type)**

Foreign Individual non-treaty claimant  
Foreign Individual treaty claimant  
Foreign non individual Ben. Owner non treaty Claimant  
Foreign non individual Ben. Owner treaty Claimant  
Foreign tax exempt entries  
Foreign intermediaries  
Foreign flow through  
US individuals, partnerships, trusts  
Other US persons

## Application for New QI Agreement

### Investments in US Assets (Enter approximate value for each Type)

Foreign Individual non-treaty claimant	
Foreign Individual treaty claimant	
Foreign non individual Ben. Owner non treaty Claimant	
Foreign non individual Ben. Owner treaty Claimant	
Foreign tax exempt entries	
Foreign intermediaries	
Foreign flow through	
US individuals, partnerships, trusts	
Other US persons	

### Will applicant Assume Primary Withholding Responsibility (N or Y)

### External Auditor Information

Name of Firm		
Address Line 1		
Address Line 2		
City		
State (Province)		
Zip Code		
Country		
Telephone Number		
Fax Number		

### Contact Person at External Auditor Firm

First Name		
Middle Initial		
Last Name		
Title		
Telephone Number		
Fax Number		
E-mail address		

### Affiliates to be included in Agreement

Name of Affiliates:	Country of Organization
1	
2	
3	
4	
5	
6	
7	
8	

### Has Form SS-4 been submitted ( Y or N)

### Has the Applicant or any related entity previously applied for QI Status (Y or N)